STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED		
				7 5	•		R
		HAL039001		B. WING		05/0	06/2016
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HERITAC	SE MEADOWS LONG	TERM CARE FAC		VATE SCHOO NC 27565	OL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 000}	Initial Comments			{C 000}			
		uction Section Follow uder and Billy S. Brya					
	Deficiencies were of Correction.	cited that will require	a Plan of				
{C 101}	Existing Licensed F	ac- No less than '71	Rules	{C 101}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;						
	1- Based on observe meet Licensure Ru	et as evidenced by: vations, the facility ha le requirements in ef use from a School to	ffect at the				
	Findings (This is a Follow-up Survey):	new citation from 05	/06/2016				
	Records indicate the	nis facility was origina	ally				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAL039001		B. WING			२ 06/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HERITAG	SE MEADOWS LONG	TERM CARE FAC		/ATE SCHOON NC 27565	OL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{C 101}	Continued From pa	ge 1		{C 101}			
	a Home for the Age for the Aged Minimu and Regulations eff h (1)) state all corridand smoke partition deck and building o distances not to excord of the corridor doors up to revealed the partition where the wall mee roof decking.	chool and was first liced on July 1, 1981. The character of the January 1, 19 dors shall have smokens extending from flow the roof feet. Wall extending from the character of the roof deck and of the start the bar joists are requirements in effect of the roof, the facility does requirements in effect of the roof.	the Home indards 77 (C. 3. see doors or to roof ill at the cross uter walls e top ind at the des not				
	Findings include:						
	installed in the Dinir Interview with facilit been there at least would have been fa C finish (flame spre painted with a fire re	tial type wood paneling Room as a wains by owner indicated the 9 years. This wood pactory treated to mee and 75 - 200) and has etardant paint or variances pread rating to a mine spread 25-75).	cot. is has paneling t a Class s not been nish to				
{C 164}	Housekeeping and	Furnishings-Clean, I	Repaired	{C 164}			
		06 HOUSEKEEPII	oor				

Division of Health Service Regulation

STATE FORM 6899 O7LL22 If continuation sheet 2 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED		
		HAL039001		B. WING			R 06/2016
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HERITA	GE MEADOWS LONG	TERM CARE FAC		ATE SCHOO NC 27565	OL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
{C 164}	(2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not modern that the layer of the l	c unpleasant odors; clean and in good rep apply to new and exist as evidenced by: vations, the facility hadding and furnishings of acility, in the corridors of incidental rooms, mes are stained and dass or active roof leaks. It is building, the floors and doors, and behind foust and trash. In make floor tiles are scarriture and do not apport a long period of times of the corridor doors of the corridor doors of the resident rooms of the resident rooms of the corridor doors of the resident rooms of the resident rooms of the corridor doors of the resident rooms of the resident rooms of the corridor doors of the resident rooms of the rooms	sting s not clean and s, any of maged are dirty. curniture any areas ared by pear to ne. s is aminating ns has ch scarred ave been at and remains sets in the paint ve been been	{C 164}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION : 01		(X3) DATE SURVEY COMPLETED	
			R WING			₹
		HAL039001	B. WING		05/0	06/2016
NAME OF I	PROVIDER OR SUPPLIER		T ADDRESS, CITY,			
HERITAC	SE MEADOWS LONG	I FRM (:ARF FA(PRIVATE SCHO RD, NC 27565	OL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 3	{C 164}			
	dressers and night water stains on the	stands are scarred and hav m.	е			
	The following are some specific instances of the building and furnishings in disrepair. There may be additional areas in need of improvement not listed here.					
	Room 15, the follow 1- There is mildew floors and walls. 2- There are ceiling 3- Many of the cera	mic tiles in the shower are and were grouted in place n.				
	 i- In the Bathroom (tub room) across from Room 15, the following items need attention: 1- The corridor door is damaged and will not latch. 2- There is wall damage below the sink 3- There is a wall patch that has not been completed or a finish applied. 					
	the following items	the mirror is damaged.				
	items need attentio 1- The floors are di		ng			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL039001	B. WING		R 05/06/2016	
NAME OF I	PROVIDER OR SUPPLIER		l	STATE, ZIP CODE	1 03/0	0/2010
	SE MEADOWS LONG	TERM CARE FAC 6659 PRIV	ATE SCHOO			
		OXFORD,	NC 27565			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 4	{C 164}			
	m- In the 1st Men's the Drink Machine a cracked and set in n- In the 3rd Men's	rroom tissue in any of the holders are missing parts. / Women's Bathroom beside area, the ceramic tile is place uneven and cracked. Women's Bathroom beside Area, there is significant				
	o- In Room 1, the following items need attention: 1- The corridor door surface is damaged. 2- The wall and corners damaged beside the closets has been repaired but not finshed with a skim coat and sanding so that it is ready for painting.					
	attention: 1- An abandoned fl with lumber and the surrounding floor til 2- Two chairs had t	he back cushion missing.				
	attention: 1- The wall is dama 2- The floor around especially around the of dirt and grease.	aged at the handwashing sink. and under the stove and the grease trap has a coating the chen is in need of a deep				
	attention: 1- The corridor doo	r surface is damaged.				
	s- In Resident Roor	m 5, the following items are in				

Division of Health Service Regulation

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DIVISION	of Health Service Re	guiation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION N		` '	E CONSTRUCTION	(X3) DATE	SURVEY
AND FLAIN	OI CONNECTION	IDENTIFICATION	NONDEK.	A. BUILDING:	01	COIVIP	LLILD
				D WING		F	
		HAL039001		B. WING		05/0	6/2016
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HERITAC	SE MEADOWS LONG	TERM CARE FAC	6659 PRI\	ATE SCHOO	DL ROAD		
HEIMIA	DE MEADONO EONO	TERM OAKE TAC	OXFORD,	NC 27565			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 5		{C 164}			
	need of attention:						
	1- The corridor doo	r surface is damag	ed.				
	t- In the Activity Roo	om, the following it	ems need				
	attention:	or the well shared	by the				
	1- The floor tiles, no Shower Room are o						
	mastic caused from						
	2- The baseboard of		by the				
	Shower Room is ro 3- The ceiling tile is						
	4- The wall paint is						
	u- In Bathroom bes		om the				
	following items nee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	1- There are missing						
	and cracked tiles had cracked and uneve		n place				
	2- Some wall dama		patch that				
	was never sanded						
	v- In the 2nd Bathro	oom adjacent to the	e Activity				
	Room, the following						
	1- The tile is cracked in place cracked an		as grouted				
	2- There is mold an		on the				
	ceramic tile, wall, a	nd floor.					
	3- There is wall/ bas	se damage behind	the				
	commode.						
	w- In Resident Roo attention:	m 6, the following i	tems need				
	1- One of the nights	stands has a broke	n corner on				
	the drawer.						
	2- The wall is dama	iged near the wind	OW.				
	x- In Resident Roor	n 7, the following it	ems need				
	attention: 1- The ceiling tiles a	are cupping.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL039001	B. WING		R 05/06/2016	ì
	PROVIDER OR SUPPLIER	TERM CARE FAC 6659 PRIV	DRESS, CITY, S /ATE SCHOO NC 27565	STATE, ZIP CODE DL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPL	ETE
{C 164}	y- In Resident Roor repair that was never painting. z- In Resident Roor attention: 1- The walls are bare 2- There are patched the walls that have	n 8, the closet door has a prior er sanded smooth prior to n 10, the following items need dly stained.	{C 164}			
{C 166}	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1- Based on observ maintain the buildin injure building occu containers could fal or nozzle. Findings on 05/06/2 a- There are oxyget that are stored in th that will not adequa over. b- In the Medical St bottles being stored	es shall: In an uncluttered, clean and It of all obstructions and It apply to new and existing It as evidenced by: It at a evidence by: I	{C 166}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED				
		HAL039001		B. WING			R 05/06/2016	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HERITAC	SE MEADOWS LONG	TERM CARE FAC		/ATE SCHOO NC 27565	DL ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
{C 166}	Continued From pa	ge 7		{C 166}				
	prevent the possibil	ations, the facility ha ity of a person being neans of exit in the e	trapped					
	Findings on 05/06/2	2016:						
	with a hasp and pactor. The Supply Close	pply Room door is eq dlock. et located beside the hroom is equipped w)					
	New Findings on 05	5/06/2016:						
	4- Based on observe potential fire hazard	ration, the facility is r	not free of					
	Findings:							
	partially clogged as and floor around the b- The tubing suppl	exhaust appears to lint is collecting on to dryer exhaust. ying gas to the dryer at the connection to	he wall has been					
{C 189}	Building Equipment	Maintained Safe, O	perating	{C 189}				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, elecumbing equipment ir maintained in a safe	an adult e and isting h (e)					

Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
		HAL039001		B. WING		R 05/06/2016	
		IIALOGGG				, 00/0	70/2010
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HERITAC	SE MEADOWS LONG	TERM CARE FAC		ATE SCHOO NC 27565	JL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 8		{C 189}			
	ensure that the build the fire resistance of	ations, the facility ha ding is safe by not m of the exit corridor.					
	Findings on 05/06/2						
	masonry walls exter ceiling at approxima	corridor construction nding beyond a fire rately 10 feet and an a approximately 8 feet	ated additional				
	cross corridor doors feet has an approximated by an action b. Immediately adjactors corridor doors has an approximated damaged by an actic. At scattered locacorridor, the fire rate approximately 4 ceithat they will not resid. In the corridor by ceiling at 8 feet has loose as evidenced ceiling. e. At the corridor justices that they will not residually at 8 feet has loose as evidenced ceiling.	cent to the North sides, the fire rated ceiling by 2 foot by 2 foot are ive roof leak. It is not the north end ceiling at 8 feet had ling tiles that are chipsist the passage of sorthe laundry, the fire a support that has countries by a 1/2 inch sag in the street outside of the Nurse to the sag in the street outside of the Nurse to the sag in the sag	g at 10 of area e of the g at 8 feet ea d of the as oped so moke. rated ome the se area				
	cluster of 3 or 4 ceil that they will not res f. Immediately adjac cross corridor doors	ceiling at 8 feet there ling tiles that are chip sist the passage of sreent to the South sides, the ceiling grid is long tight fitting so that ge of smoke.	pped so noke. e of the pose and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
		HAL039001	B. WING			R 06/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
HEDITA	GE MEADOWS LONG	TERM CARE EAC 6659 PR	IVATE SCHOO	DL ROAD		
ПЕКПА	SE MEADOWS LONG	OXFORI	D, NC 27565			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 9	{C 189}			
	ensure that the builthe fire resistance of deficiency directly a					
	Findings on 05/06/2	2016:				
	lay-in ceiling tiles ha moisture and are commaintain the fire rest be. The ceiling in the been damaged by for compromising the factive leaks were not doors, in the Wome Laundry Room and adjacent to the Active. The corridor door bathroom across from will not close defined to the Mollow core wood dequivalent. The corridor door the Activity Room deficult to open from for the drywall is mis Laundry behind the Additionally, the wanot either installed to	r to the Men's/Women's om the Medical Records and latch. Medical Storage Room is a oor and not 1 3/4 solid core or to the Bathroom adjacent to oes not close completely and mmed, then it becomes a the corridor side. It is sing on the wall in the washing machines. Shing machine outlets were with a fire resistance rated vity 'wrapped' with fire				
		rations, the facility has failed to g electrical system safe and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION : 01		(X3) DATE SURVEY COMPLETED	
						₹
		HAL039001	B. WING		05/0	06/2016
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY,			
HERITAC	GE MEADOWS LONG	TERM CARE FAC	RIVATE SCHO RD, NC 27565	OL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREG (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	age 10	{C 189}			
	florescent bulbs we sleeve that is required installed over food book book in the kitchen, so not working and the (dim). c- In many Resident beside the beds are Some are broken, I and in some cases light within reach of do In Resident Room	pproximately 1/2 of the ere missing the protective red when florescent bulbs ar preparation areas. everal of the light fixtures we elighting appeared inadequant Rooms, the wall sconces e not in working condition. have no bulbs and no shade removed altogether leaving f a bed. m 20, there is a quadraplex	re te			
	receptacle with a broken cover plate. e- In the Men's Bathroom close to the fire doors, the GFCI receptacle has been painted over and will not trip when tested. 4-Based on observations, the facility has failed to maintain the building plumbing system safe and					
	operating. Findings on 05/06/2	2016:				
	13, there is no vacu device on the show the tub. b- In the Utility / Ho vacuum breaker or hose/ wand at the s c- At the can wash vacuum breaker or hose. d- In the Bathroom control piece to the	adjacent to Resident Room uum breaker or anti-siphon ver hose, which extends into apper Room, there is no anti-siphon device on the sink. outside the kitchen, there is anti-siphon device for the beside the Activity Room, the shower controls is missing.				

Division of Health Service Regulation

AND DI AN OF CORRECTION INTERPRETATION NUMBERS		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED		
		HAL039001		B. WING			R 06/2016
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HERITAG	SE MEADOWS LONG	TERM CARE FAC		/ATE SCHOO NC 27565	DL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 11		{C 189}			
	Room, there is no vacuum breaker or anti-siphon device for the shower hose, which extends into the tub.						
C 195	Hot Water System			C 195			
	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C). (k) This Rule shall facilities with the ex	system shall be of sue supply of hot wate, laundry, housekee, ty room. The hot waxtures used by residentimum of 100 degishall not exceed 11	r to the ping ater lents shall grees F 6 degrees isting h (e)				
	temperature at fixtu maintained at a mir	et as evidenced by: ration and testing, the res used by residen nimum of 100 degree he maximum tempe	ts was not es and				
	Findings on 05/06/2	2016:					
	the facility was mea b- The temperature	at the tub at the son asured at 94 degrees at the hand sink in and of the facility was egrees F.	s F. the tub				

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